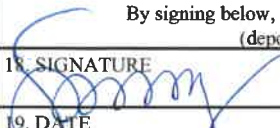


| | | | | | |
|---|---|---|-------------------|---|-----------------------------|
| AO 435 (Rev. 04/11) | | Administrative Office of the United States Courts | | FOR COURT USE ONLY | |
| TRANSCRIPT ORDER | | | | DUE DATE: | |
| <i>Please Read Instructions:</i> | | | | | |
| 1. NAME Dora L. Monserrate Peñaqaricano | | 2. PHONE NUMBER (787) 620-5300 | | 3. DATE 5/18/2017 | |
| 4. MAILING ADDRESS 101 Ave. San Patricio, Suite 1120 | | 5. CITY Guaynabo | | 6. STATE PR | 7. ZIP CODE 00968 |
| 8. CASE NUMBER 17-03283 | 9. JUDGE Judge Laura Taylor Swain | DATES OF PROCEEDINGS | | | |
| | | 10. FROM 5/17/2017 | | 11. TO 5/17/2017 | |
| 12. CASE NAME The Financial Oversight and Management Board for PR | | LOCATION OF PROCEEDINGS | | | |
| | | 13. CITY San Juan | | 14. STATE Puerto Rico | |
| 15. ORDER FOR | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input checked="" type="checkbox"/> CIVIL | | <input checked="" type="checkbox"/> BANKRUPTCY | |
| | | <input type="checkbox"/> IN FORMA PAUPERIS | | <input type="checkbox"/> OTHER | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | Transcript for Motion Hearing May 17, 2017 | |
| <input type="checkbox"/> BAIL HEARING | | | | | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
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| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 |
| 18. SIGNATURE  | | | | PROCESSED BY | |
| 19. DATE 5/18/2017 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| ORDER RECEIVED | | DATE | BY | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 |